

Fig. 1

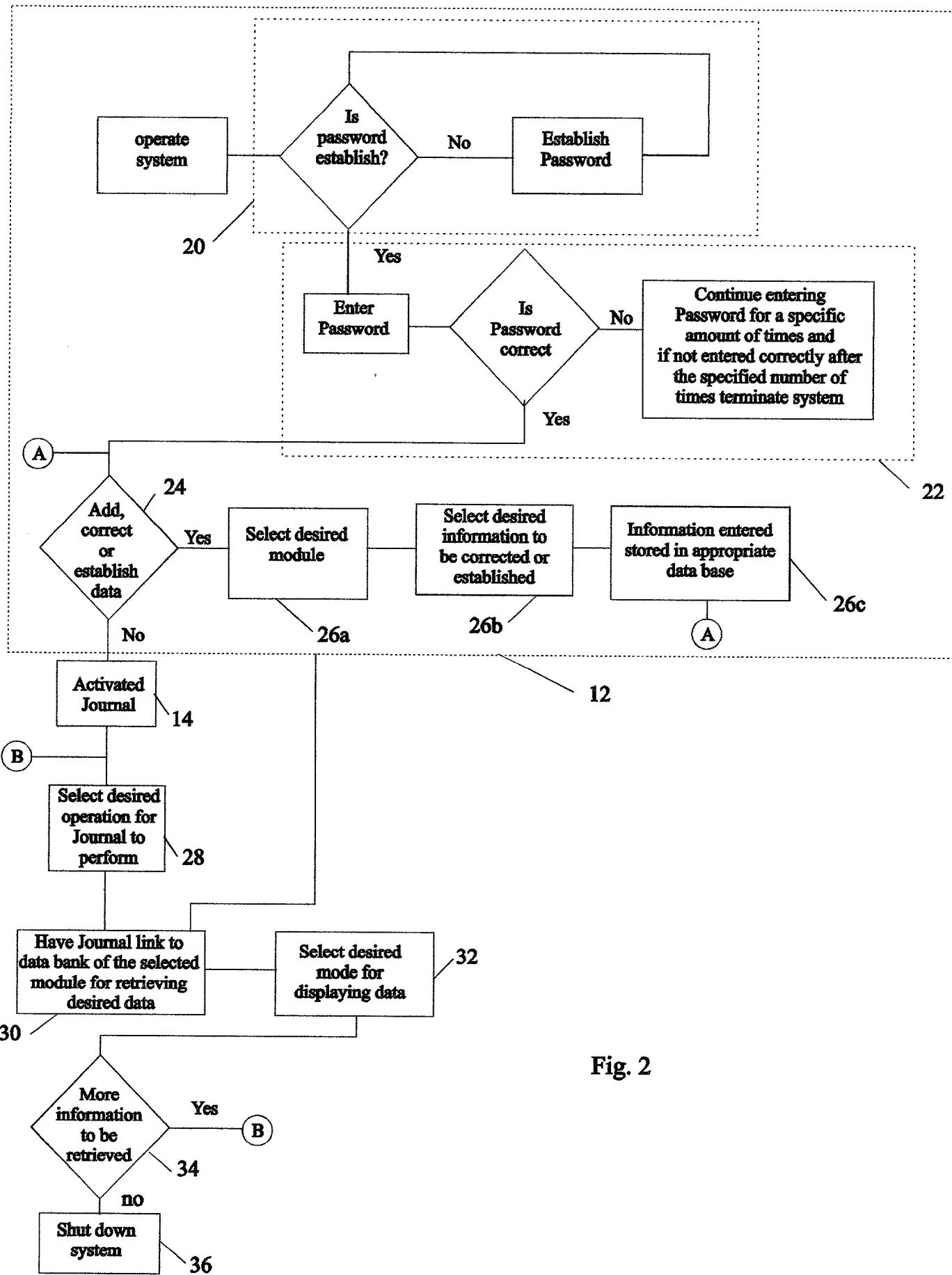


Fig. 2

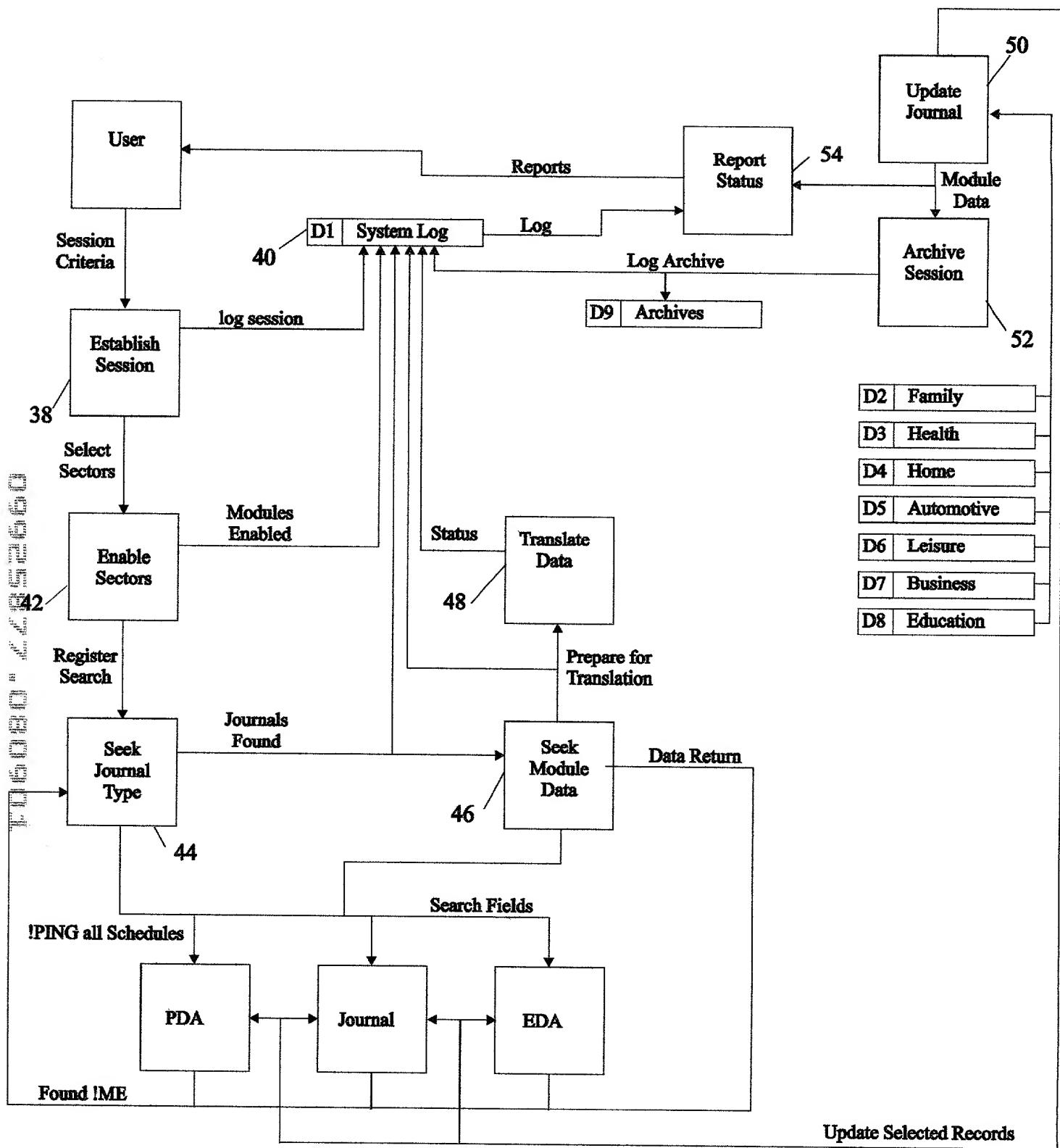


Figure3

Personal/Family/Friends

Name: _____

(Last)

(First)

(M.I)

Relationship: _____

Address: _____

(Street)

(Apt./Bldg.)

(City)

(State)

(Zip)

Work/School Telephone Number: _____

Address of Work/School: _____

Home Telephone Number: _____

Home Fax Number: _____

Work/School Fax Number: _____

Mobile Number: _____

E-mail address at Work/School: _____

E-mail address at Home: _____

Contact Person at Work/School: _____

Title of Contact Person at Work/School: _____

Additional Contact Personnel: Yes No

Special Interest of individual: _____

Date of Birth: _____

Advance Reminder of Birthday: Yes No

Remind on: _____ days in advance

_____ weeks in advance

_____ months in advance

To Do List for Special event/Birthday: _____

Additional items for the to do list: Yes No

Fig. 4a

56a

Personal/Family/Friends

Friends/Associates/Businesses/Caterer to contact for event

Name: _____

(Last)

(First)

(M.I)

Relationship/Title _____

Address: _____
(Street)

(Apt./Bdlg.)

(City)

(State)

(Zip)

Others Associated with Special Event: Yes No

Dates of Other Special events: _____

Advance Reminder of Special Event: Yes No

Remind on: _____ days in advance

_____ weeks in advance

_____ months in advance

To Do List for Special event: _____

Additional items for the to do list: Yes No

Friends/Associates/Businesses/Caterer to contact for event Yes No

Name: _____

(Last)

(First)

(M.I)

Relationship/Title _____

Address: _____
(Street)

(Apt./Bdlg.)

(City)

(State)

(Zip)

Others Associated with Special Event: Yes No

Other Special Events: Yes No

Personal/Family/Friends

Reason for Appointment: _____

Date of Appointment: _____

Appointment with (Name): _____

Pertinent Address for Appointment _____

Telephone for Appointment: _____

Fax for Appointment: _____

E-mail for Appointment: _____

Advance Reminder of Appointment: Yes No

Remind on: _____ days in advance

_____ weeks in advance

_____ months in advance

Additional Appointment: Yes No

Groups/ Associations _____

Contact Person at Group/Association: _____

Title of Contact Person at Group/Association: _____

Address: _____

Telephone Number of Contact Person: _____

Additional Contact Personnel: Yes No

Member of Group/Association: _____

Address: _____

Telephone Number of Member _____

Additional Member: Yes No

To do: _____

Additional Items to be added to The To Do List:

Yes No

Health and Nutrition

Health Care Provider: _____

Health Care Provider's Speciality: _____

Address: _____

Telephone Number: _____

Fax Number: _____

E-mail address: _____

Office Personnel: _____

Title of Office Personnel: _____

Telephone Number of Office Personal: _____

Fax Number of Office Personal: _____

Additional Office Personal: Yes No

Billing Information: _____

Additional Physician: Yes No

Height: _____ Weight: _____

Blood Pressure: _____

Cholesterol: _____

Other _____

Other Vital Statistics: Yes No

56b

Fig. 5a

Medication: _____

Reason for taking Medication: _____

Length of Time for Prescription: _____ days
_____ weeks
_____ months

Amount Taken: _____ pills per day.

Daily Intervals: _____ pills every _____ hours

Number of pills left after taking today's dose: _____

Advance Reminder for Refill of Medication: Yes No

Remind on: _____ days in advance
_____ weeks in advance
_____ months in advance

Additional Medication Yes No

Fig. 5b

56b

Health and Nutrition

Date of Appointment: _____

Purpose of Appointment _____

Pertinent Address for Appointment _____

Telephone for Appointment: _____

Fax for Appointment: _____

E-mail for Appointment: _____

Purpose of Appointment _____

Advance Reminder of Appointment: Yes No

Remind on: _____ days in advance

_____ weeks in advance

_____ months in advance

Regular Visit (annual, monthly, biweekly, weekly appointment) Yes No

Regular visits occur every: _____ days

_____ weeks

_____ months

Re-Scheduling Needed of Regular Visit Yes No

Re-Schedule appointment _____ days in advance.

_____ weeks

_____ months

Additional Appointment: Yes No

Fig. 5c

56b

Home and Yard Maintenance

Inspection/Appointments Needed For Home or Item or Equipment needing Maintenance (i.e. termite inspection, heating/cooling maintenance): _____

Date of Inspection/Appointment: _____

Address for Company Conducting Inspection/Appointment:

Telephone for Appointment: _____

Fax for Appointment: _____

E-mail for Appointment: _____

Advance Reminder of Appointment: Yes No

Remind on: _____ days in advance
_____ weeks in advance
_____ months in advance

Regular Visit (annual, monthly, biweekly, weekly appointment) Yes No

Regular visits occur every: _____ days
_____ weeks
_____ months

Re-Scheduling Needed of Regular Visit Yes No

Re-Schedule appointment _____ days in advance.
_____ weeks
_____ months

Additional Appointment/Inspection or item or equipment needing maintenance: Yes No

Fig. 6

56c

Vehicle Planning

Inspection/Service Needed For Vehicle or Service provided for vehicle: _____

Date of Service/Appointment: _____

Mileage of Vehicle _____

Date Mileage was taken _____

Address for Company Performing Inspection/Appointment:

Telephone for Appointment: _____

Fax for Appointment: _____

E-mail for Appointment: _____

Advance Reminder of Appointment/Service: Yes No

Remind on: _____ days in advance
_____ weeks in advance
_____ months in advance

Regular Visit (annual, monthly, biweekly, weekly appointment) Yes No

Regular visits occur every: _____ days
_____ weeks
_____ months

Re-Scheduling Needed of Regular Visit Yes No

Re-Schedule appointment _____ days in advance.
_____ weeks
_____ months

Additional Appointment/Inspection or item or equipment needing maintenance: Yes No

56d

Fig. 7

Entertainment/Recreational/Vacation

Date(s) of Event/Vacation: _____

Place of Event/Vacation: _____

Pertinent Address for Event/Vacation: _____

Telephone for Event/Vacation: _____

Fax for Event/Vacation: _____

E-mail for Event/Vacation: _____

Purpose of Appointment: _____

Advance Reminder of Event/Vacation: Yes No

Remind on: _____ days in advance
_____ weeks in advance
_____ months in advance

To Do List for Vacation: _____

Additional items for the to do list: Yes No

Regular Event/Vacation/Retreat (annual, monthly, biweekly, weekly appointment)

Regular Event/Vacation/Retreat occur every:

_____ days
_____ weeks
_____ months

Re-Scheduling/Recipitiate Yes No

Re-Schedule event _____ days in advance.
_____ weeks
_____ months

Remind of re-scheduling/recipatation on: _____ days in advance
_____ weeks in advance
_____ months in advance

Business/Professional

Name: _____

(Last)

(First)

(M.I)

Title _____

Address: _____
(Street)

(Apt./Bldg.)

(City) _____ (State) _____ (Zip) _____

Work Telephone Number: _____

Address of School: _____

Home Telephone Number: _____

Home Fax Number: _____

Work Fax Number: _____

Mobile Number: _____

E-mail address at Work: _____

E-mail address at Home: _____

Contact Person at Work: _____

Title of Contact Person at Work: _____

Additional Contact Personnel: Yes No

Date of Meeting/Conference: _____

Reason for meeting/Conference: _____

Advance Reminder of Meeting/Conference: Yes No

Remind on: _____ days in advance

_____ weeks in advance

_____ months in advance

Regular meeting/conference(annual, monthly, biweekly, weekly appointment)

Yes No

Regular meeting/conference occur every: _____ days

_____ weeks

_____ months

Re-Scheduling Needed of Regular Meeting/Conference Yes No

Re-Schedule Meeting/Conference _____ days in advance.

_____ weeks

_____ months

Education/Sports/Extra-curricular Activities

Student _____	(Last) _____	(First) _____	(M.I) _____
Relationship _____			
Address: _____ (Street) _____			
_____ (Apt./Bldg.)			
(City) _____	(State) _____	(Zip) _____	
School Telephone Number: _____			
Address of School: _____ _____			
Student's Telephone Number: _____			
Student's Fax Number: _____			
Student's Mobile Number: _____			
E-mail address Of Student _____			
Fax Number of School _____			
E-mail address at School _____			
Student's Teacher Name: _____			
Subject teaching _____			
Additional Teachers:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Recreational Activity _____			
Daily Scheduling of Recreational Activity		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Scheduling occurs at _____ every _____			
Advance Reminder of Recreational Activity:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remind on: _____ days in advance _____ weeks in advance _____ months in advance			
Additional Activities:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date of a meeting Pertinent to Student: _____			
Reason for meeting _____			
Advance Reminder of Meeting:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remind on: _____ days in advance _____ weeks in advance _____ months in advance			
Additional Meetings:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Additional Students:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Business/Professional

To Do List for Meeting/Conference: _____

Date of Report/Presentation: _____

Reason>Title for Report/Presentation: _____

Advance Reminder of Due date for Report/Presentation: Yes No

Remind on: _____ days in advance
_____ weeks in advance
_____ months in advance

Regular Report/Presentation(annual, monthly, biweekly, weekly appointment)

Yes No

Regular Report/Presentation occur every: _____ days
_____ weeks
_____ months

Re-Scheduling Needed of Regular Report/Presentation Yes No

Re-Schedule Report/Presentation _____ days in advance.
_____ weeks
_____ months

To Do List for Report/Presentation: _____

Additional Report/Presentation: Yes No

56h

Fig. 9b

Welcome, please enter your identification code:

Fig. 11

60

Please identify what you wish to accomplish:

- Retrieve daily calendar
- Retrieve weekly calendar
- Retrieve monthly calendar
- other

Fig. 12

62

Enter days needed:

Month (Day) From To Year

Print yes no

Fig. 13

64

Activity to Perform:

- Add data
- Correct, change or delete data
- Retrieve address/phone numbers
- Retrieve Birth dates/Special Event
- Retrieve specific data on self/spouse/sibling/family/friends
- Appointment information
- Specific "To Do List"

Type in item needed

Fig. 15

66

Type in module name

Fig. 16

68

Daily Events		Date:
		Weekday:
Hour	Appointment	
8 AM		
9 AM		
10 AM		
11 AM		
Noon		
1 PM		
2 PM		
3 PM		
4 PM		
5 PM		
6 PM		
7 PM		
8 PM		
Notes:		

Fig. 14

Date of Appointment:

70

Fig. 17

Person/Place of appointment:

72

Fig. 18

Purpose of Appointment

74

Fig. 19

Advance Reminder of Appointment: Yes No

76

Fig. 20

Remind on:

days in advance
 1 weeks in advance
 months in advance

78

Fig. 21

Regular Visit (annual, monthly, biweekly, weekly appointment) Yes No

Fig. 22

80

Regular visits occur every: days
 weeks
 12 months

Fig. 23

82

Re-Scheduling Needed of Regular Visit Yes No

Fig. 24

84

Re-Schedule appointment days
 weeks in advance.
 3 months

Fig. 25

86

Additional Appointment: Yes No

Fig. 26

88

Go to main Menu Yes No

Yes

No

Fig. 27

- 90

Exit Time Management System: Yes No

Yes

No

Fig. 28

92